PATENT APPLICATION SEE DETERMINATION DES									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									098	2_1	26	7 .	
CLAIMS AS FILED - PART i (Column 1) (Column 2)								MALL I	ENTITY	OR		R THAN ENTITY	
7	OTAL CLAIM	S .		<u>/}</u>				RATE	FEE	7	RATE	FEE	
FOR ·			NUMBE	NUMBER FILED		BER EXTRA	8	ASIC FE		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/ & m	/ K minus 20=		A-		X\$ 9=		OR	2000	1	
INDEPENDENT CLAIMS			<del></del> _	minus 3 ≂		5		X40=		OR	V00	400	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	<del>                                     </del>	7	<del> </del>	1/-		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	┼	OR	+270=	1111	
CLAIMS AS AMENDED - PART II								IOIAL		OR	TOTAL OTHER	THAN	
_	8-26-0	Column 1) (Column 2) (Column 3)							ENTITY	OR	SMALL		
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	" 2	0	=	:	X\$ 9=		OR	X\$18=	·	
AM	Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CI AIM			X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
							L	TOTAL DIT. FEE		OR	TOTAL		
1	0-27-0				• •	100/1. FEE							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		, RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus		0		×	(\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MU	Minus JLTIPLE DEI		SI AIM		X	(40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
•								TOTAL IT. FEE		OR A	TOTAL DOIT. FEE		
	्रेट क्षेत्रक करान् <b>र</b>	(Column 1) CLAIMS	(Column 2) (Column 3) HIGHEST			(Column 3)	3)						
<u> </u>		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Independent	•	Minus	••			X	§ 9=		OR	X\$18=		
	FIRST PRESENTATION OF MUL		Minus LTIPLE DEP	1				40=		OR	X80=		
							+1:	35=			+270=		
- 44	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								_	L	TOTAL		
- 74	A IA LIPHINGS LATE	nber Previously Paid ber Previously Paid	d For IN THIS	SPACE is I	oce than	3 mater *2 *		T. FEE <b>L</b> the appr		~ ~ .	DDIT. FEE <b>L</b> mn 1.		